

Department of Public Health
and Human Services

Section:
INTRODUCTION

FAMILY MEDICAID

Subject:
Introduction

DRAFT

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OVERVIEW OF MEDICAID

Title XIX of the Social Security Act is a federal-state matching entitlement program that pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the federal and state governments to assist states furnishing medical assistance to eligible needy individuals. Medicaid is the largest program funding medical and health-related services for America's poorest people.

Within broad national guidelines established by federal statutes, regulations and policies, each state:

1. Establishes its own eligibility standards;
2. Determines the type, amount, duration and scope of services;
3. Sets the rate of payment for services; and
4. Administers its own program.

Medicaid policies for eligibility and services are complex, and vary considerably even among similar-sized and/or adjacent states. Thus, a person who is eligible for Medicaid in Montana might not be eligible in another state; and the services provided in Montana may differ considerably in amount, duration, or scope from services provided in neighboring states. In addition, Medicaid eligibility and/or services within a state can change during the year.

RESPONSIBILITY FOR PROGRAM ADMINISTRATION

Medicaid is administered in joint cooperation by Federal and State governments. This is accomplished cooperatively with the County Offices of Public Assistance providing the daily applicant/recipient contact under the rules disseminated by the State. The Federal government provides guidelines for the state operations.

USING THIS MANUAL

The policies and procedures throughout this manual are intended to be a guide for eligibility determination and are written within the limits imposed by the Centers for Medicare and Medicaid Services (CMS) -- the federal Medicaid agency. The policies contained in this manual are intended to be sufficiently flexible to allow eligibility case managers to exercise reasonable judgment in executing their responsibilities.

It is impossible to write a procedure that will cover every possible contingency that specific cases may present to the eligibility case manager.

In this regard, the concept of the “prudent worker” can be helpful. The term refers to the reasonableness of the judgments made by an individual eligibility case manager in a given situation. In a court case, a person charged with negligence will try to show that his actions were the actions that any reasonable or “prudent” person would take in the same circumstances.

In making an eligibility decision, the eligibility case manager should be conscientious about making a decision that is reasonable, based on his or her knowledge of and experience with the Medicaid programs.

If the eligibility case manager encounters a problem in a specific case that is felt to be outside the ordinary policy and procedure, the problem should be referred first to their supervisor/county director, and then to their Regional Policy Specialist.

If the problem has application to only a specific case or to a limited number of cases and is generally covered by existing policy guidelines, the eligibility case manager should make a judgment that can be defined as reasonable and prudent. Case notes should document what actions the eligibility case manager took.

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